



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOV 22 1989

Edmund Zakrocki, Jr.
6000 Tulip Street
Philadelphia, Pennsylvania 19135

Dear Mr. Zakrocki:

EPA is seeking additional financial information concerning your E.Z. Chemical Facility located in Philadelphia, Pennsylvania. Pursuant to the authority of Section 3007(a) of the Resource, Conservation and Recovery Act ("RCRA"), 42 U.S.C. Section 6927(a), an Section 104(e) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 ("CERCLA"), 42 U.S.C. Section 9604 as amended by the Superfund Amendments and Reauthorization Act ("SARA"), you are requested to complete the enclosed questionnaire and return the completed questionnaires to the name and address listed below within seven (7) days of your receipt of this letter.

Your failure to respond or to adequately justify your lack of response may subject you to a civil enforcement action. Failure to comply with this request could result in the assessment of a civil penalty of up to \$25,000 for each day of noncompliance.

You are entitled to assert a claim of business confidentiality covering all or part of the submitted information, in the manner described in 40 C.F.R. Section 2.203(b). Information subject to a claim of business confidentiality will be made available to the public only in accordance with the procedures set forth in 40 C.F.R. Part 2, Subpart B. Unless a business confidentiality claim is asserted at the time the requested information is submitted, EPA may make this information available to the public without further notice to you.

500076

Please send the requested information to:

Christopher P. Thomas
U.S. Environmental Protection Agency, Region III
Enforcement and Title III Section (3H11)
841 Chestnut Building
Philadelphia, PA 19107

This information request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, 44 U.S.C. Section 3501, et seq.

Failure to comply with this request within the specified time period may result in a civil enforcement action pursuant to the Superfund statute, 42 U.S.C. Section 9604(e)(5).

If you have any questions concerning this matter, please contact Christopher P. Thomas at (215) 597-4458.

Sincerely,


Dennis P. Carney, Chief
Superfund Removal Branch

cc: Site File

Enclosures

500077

FINANCIAL STATEMENT OF INDIVIDUALS

**Submitted For Government
Action On Claims Due
To The United States**

500078

(Use Additional Sheet If Necessary)

1. Name (debtor) _____
2. Birth Date (month, day, year) _____
3. Social Security Number (Optional) _____
4. Home Address _____
5. Phone Number _____
6. Name of Spouse (give address and phone number if different from yours) _____

7. Spouse's Date of Birth (month, day, year) _____

DEBTOR EMPLOYMENT DATA

8. Occupation _____
9. How long in present employment? _____

10. Present Employment

<u>Employer's Name</u>	<u>Address</u>	<u>Phone No.</u>
------------------------	----------------	------------------

_____	_____	_____
_____	_____	_____

11. Other Employment Within Last Three Years.

	<u>Employer's Name/ Position</u>	<u>Address</u>	<u>Phone No.</u>	<u>Compensation (Salary or Wages and Commissions)</u>	<u>Employment Dates</u>
a)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

1/24/86

500079

12. Present Monthly Income

	(Gross)	(Net)
Salary or Wages	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Retirement Income (SSA Pension, IRA, etc.)	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Other (state source)	\$ _____	\$ _____
Total	\$ _____	\$ _____

SPOUSE'S EMPLOYMENT DATA

13. Occupation _____

14. Social Security Number (options) _____

15. How long in present employment? _____

16. Present EmploymentEmployer's Name/
PositionAddressPhone No.

_____	_____	_____
_____	_____	_____

17. Other Employment Within Last Three Years.

	<u>Employer's Name/ Position</u>	<u>Address</u>	<u>Phone No.</u>	<u>Compensation (Salary or Wages and Commissions)</u>	<u>Employment Dates</u>
a)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____

500080

18. Present Monthly Income

	(Gross)	(Net)
Salary or Wages	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Retirement Income (SS, Pension, IRA, etc.)	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Other (state source)	\$ _____	\$ _____
Total	\$ _____	\$ _____

DEPENDENTS

19. Total Number of Dependents _____

	<u>Relationship</u>	<u>Age</u>
a)	_____	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____
e)	_____	_____
f)	_____	_____
g)	_____	_____
h)	_____	_____

20. Total Monthly Income of Dependents (except spouse) \$ _____

21. For: What Period Did You Last File a Federal Income Tax Return? _____
State and Municipal Tax Return? _____

500081

22. Where Were Returns Filed _____

23. Amount of Gross Income Reported \$ _____

Please Submit Tax Returns (both federal and state) for the following years 1984, 1985, 1986, 1987, 1988

24. FIXED MONTHLY EXPENSES

Rent or Mortgage \$ _____

Food \$ _____

Utilities \$ _____

Interest \$ _____

Debt Repayments (including installments) \$ _____

Insurance (life and property) \$ _____

Other (specify) \$ _____

Total Fixed Monthly Charges \$ _____

25. A. LOANS PAYABLE

	<u>Owed to/Purpose</u>	<u>Term/Interest Rate</u>	<u>Collateral/Cosigner</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

	<u>Monthly Payments</u>	<u>Original Amount/Date</u>	<u>Present Balance</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

B. MORTGAGES PAYABLE

	<u>Address</u>	<u>Term/Interest Rate</u>	<u>Collateral/Cosigner</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	<u>500082</u>	_____	_____

	<u>Monthly Payments</u>	<u>Original Amount/Date</u>	<u>Present Balance</u>
--	-------------------------	-----------------------------	------------------------

- | | | | |
|----|-------|-------|-------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |

26. PERSONAL ASSETS (Fair Market Value)

	<u>Amount</u>
Cash	\$ _____
Checking Accounts	
Bank	Account #
_____	_____
_____	\$ _____
_____	\$ _____
Savings Accounts	
Bank	Account #
_____	_____
_____	\$ _____
_____	\$ _____

Motor Vehicles (Blue Book Value or if other source, state)

Year	Make	Model	License #	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Motor Vehicles				\$ _____

Debts Owed to You

Name of Debtor	Purpose/Repayment Terms	Present Balance
_____	_____	\$ _____

Judgments Owed to You

By Whom	Issue	
_____	_____	\$ _____

500083

Securities**Description****Approximate
Market Value**

Stocks

\$ _____

Bonds

\$ _____

Mutual Funds

\$ _____

IRA's/Keogh's

\$ _____

Other (CD's, etc.)

\$ _____

Total Securities

\$ _____

Household Furniture and Goods

\$ _____

Items Used in Trade or Business

\$ _____

Other Personal Property (itemize)

\$ _____

\$ _____

\$ _____

Real Estate**Description/Address (from question 25(B),
if applicable)****Assessed
Value****Market
Value**

1) _____

\$ _____ \$ _____

2) _____

\$ _____ \$ _____

3) _____

\$ _____ \$ _____

Total Assets

\$ _____

27. PERSONAL LIABILITIES**Total Installment Debt Principal
(car, furniture, clothing, etc.)****Current
Balance****Taxes Owed**

\$ _____

Income

\$ _____

Other (itemize)

\$ _____

\$ _____

\$ _____

\$ _____

500084**Total Taxes Owed**

\$ _____

Total Loans Payable (to banks, finance Co.'s, etc.,
total of present balances in question 25(A))

\$ _____

Judgments You Owe

\$ _____

Total Real Estate Mortgages (total of present
balances in question 25(B))

\$ _____

Other Debts (itemize)

\$ _____

\$ _____

\$ _____

Total Liabilities

\$ _____

28. Real Estate Being Purchased Under Contract

Address _____

Name of Seller _____

Contract Price \$ _____

Principal Amount Still Owed \$ _____

Next Cash Payment Due (date) \$ _____

Amount of Next Payment \$ _____

29. Life Insurance Policies

Company

Face Amount

Policy 1) _____

\$ _____

Policy 2) _____

\$ _____

Policy 3) _____

\$ _____

Cash Surrender Value

Outstanding Loans

Policy 1) _____

Policy 2) _____

Policy 3) _____

500085

Describe conditions of borrowing options for each policy including available rates.

Policy 1) _____

Policy 2) _____

Policy 3) _____

30. List all Real and Personal Property Owned by Spouse and Dependents Valued in Excess of \$200 (list items separately).

31. List all transfers of Real and Personal Property including cash (by loan, gift, sale, etc.) that you have made within the last three years (items of \$300 or more).

<u>Date</u>	<u>Amount</u>	<u>Property Transferred</u>	<u>To Whom</u>	<u>Conditions of Transfer</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

32. Are you a party in any law suit now pending? ____ Yes ____ No

Provide Details. _____

When is Judgment Anticipated?

33. Are you a Trustee, Executor or Administrator? ____ Yes ____ No

Provide Details. _____

500086

34. Is anyone holding any Real or Personal Property on your behalf?

_____ Yes _____ No

Provide Details. _____

35. Is there any likelihood you will receive an inheritance?

_____ Yes _____ No

If yes, from whom, when and how much? _____

36. Do you receive, or under any circumstances, expect to receive benefits from any established trust, from a claim for compensation of damages, or from a contingent or future interest in a property of any kind?

_____ Yes _____ No

Provide Details. _____

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U.S. Environmental Protection Agency, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

Date

Signature

500087

FINANCIAL STATEMENT OF CORPORATE DEBTOR

Submitted For Government
Action On Claims Due
To The United States

Revised
1/24/86

500088

(Use Additional Sheets Where Needed)

1. Name (Debtor) _____ Type (1-For Profit ()
(2-Not for Profit()
2. Business Address _____
 Street City State Zip

Note: Attach Schedule of all Business Addresses

3. Foreign _____ Domestic _____
4. Legal Form of Business Organization during last five (5) years.

_____ Corporation

_____ Subchapter S Corporation

_____ Partnership

_____ Proprietorship

_____ Trust

_____ Other? _____

5. State of Incorporation _____ Date of Incorporation _____

6. Name Registered Agent _____

7. Address Registered Agent _____ Phone _____

8. Name and address of Principal Stockholders. Number of Shares
 Owned by each. (If more than 8 shareholders, list only those
 with 5 percent or more stock ownership.) Total outstanding
 shares _____

	<u>Name</u>	<u>Address</u>	<u>Shares</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

500089

	<u>Name</u>	<u>Address</u>	<u>Shares</u>
(6)	_____	_____	_____
(7)	_____	_____	_____
(8)	_____	_____	_____

9. (A) Name and Address of Current (and for previous five years) Officers and Number of Shares Held by Each.

	<u>Name</u>	<u>Address</u>	<u>Shares</u>	<u>Term</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____
(7)	_____	_____	_____	_____
(8)	_____	_____	_____	_____
(9)	_____	_____	_____	_____
(10)	_____	_____	_____	_____

(B) Name and Address of Current (and for previous five years) members of board of directors and number of shares held by each.

	<u>Name</u>	<u>Address</u>	<u>Shares</u>	<u>Term</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

500090

- (7) _____
- (8) _____
- (9) _____
- (10) _____

10. Has this organization ever issued a prospectus for the sale of stock? Yes () No (). List date, number, and type of shares for each prospectus during the last five years.

11. (A) Registration on National or Local Stock Exchange(s). (Give details, including date of Registration and/or delisting.)

- (1) _____
- (2) _____
- (3) _____

(B) Total authorized Shares for each type issued and present market value per share on each type of stock (or book value if not actively traded).

Type of Shares	Total Shares	Book Value	Market Value
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

(C) Total outstanding shares of each type of stock currently being held as Treasury Stock.

(D) Total outstanding shares of each type of stock.

(E) Amount of bonded debt and principal bondholders.

500091

12. List States and Municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payment thereof and whether tax payments are current.

13. Has this organization filed United States Income Tax Returns during the last 5 years? Yes () No ()
To what I.R.S. Office(s) _____

What years? _____

Are Federal Taxes Current? Yes () No ()

Provide income tax returns for the following years: _____

14. Name and address of
(A) Organization's Independent Certified Public Accountants

(B) Organization Attorney(s) retained by organization from _____ to _____

15. Has this organization filed Financial Forms with any organization or government entity? List name of organization or entity, date and type of Financial Form.

16. Does this organization have a Profit and Loss Statement and Balance Sheet for the most recent calendar or fiscal

year and for specified past years? Past Years _____

Submit one copy of each. (Audited documents are preferred.
If Balance Sheets and Income Statements are submitted
answer only questions 2(A), 2(B), and 3(A)).

(1) <u>Assets</u>	<u>Amount</u>
	Year _____
Cash	\$ _____
Securities	\$ _____
Existing Facilities	\$ _____
Equipment	\$ _____
Original Cost	\$ _____
Depreciation	\$ _____
Inventory	\$ _____
Accounts Receivable	\$ _____
Other	\$ _____
TOTAL ASSETS	\$ _____

(2) <u>Liabilities and</u> <u>Stockholders'</u> <u>Equity</u>	Year _____
Loans Payable ¹	
Principal	\$ _____
Monthly Payment	\$ _____
Mortgages ²	
Principal	\$ _____
Monthly Payment	\$ _____

¹ Complete loan information as requested on page 8, under
a) Loans Payable.

² Complete mortgage information as requested on page 8,
under b) Mortgages Payable.

500093

Accounts Payable \$ _____

Deferred Taxes \$ _____

Insurance Pre-
miums \$ _____

Other \$ _____

Stockholder's Equity

Common Stock \$ _____

Paid-in-Capital \$ _____

Retained Earn-
ings \$ _____

Total Liabilities
and Stockholder's
Equity \$ _____

A. LOANS PAYABLE

	Owed to/Purpose	Term/Interest Rate	Collateral/Cosigner
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

	<u>Monthly Payments</u>	<u>Original Amount/Date</u>	<u>Present Balance</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

B. MORTGAGES PAYABLE

	<u>Address</u>	<u>Term/Interest Rate</u>	<u>Collateral/Cosigner</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

500094

	<u>Monthly Payments</u>	<u>Original Amount/Date</u>	<u>Present Balance</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

(3) Income/Expenses

Gross Income

Net Sales \$ _____

Interest Income \$ _____

Dividends \$ _____

Other \$ _____

Operating Expenses

Wages \$ _____

Overhead \$ _____

Lease Rnts. \$ _____

Interest Expense \$ _____

Cost of Sales \$ _____

NET INCOME \$ _____

(A) In addition, provide the following firm size information:

- (1) Number of Employees _____
- (2) Size of Warehouse _____
- (3) Number and Size of Shipments _____
- (4) Other _____

Attach the following additional years for question 16 on a separate sheet: _____

500095

17. Does this organization maintain bank accounts? Give names and addresses of Banks, Savings and Loan Associations, and other such entities, within the United States or located elsewhere. Indicate name and number of accounts and balances.

	<u>Name of Bank</u>	<u>Account #</u>	<u>Balance (Approximate)</u>
(A)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	<u>Name of Bank</u>	<u>Account #</u>	<u>Balance (Approximate)</u>
(B)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	<u>Other Account(s)</u>		
(C)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	<u>Savings & Loan Associations or Other such Entities</u>		
(D)	_____	_____	_____

	<u>Trust Account(s)</u>		
(E)	_____	_____	_____

	<u>Other Account(s)</u>		
(F)	_____	_____	_____

18. List all commercial paper, negotiable or non-negotiable, in which the organization has any interest whatsoever, presently in transit or in the possession of any banking

500096

institution. Describe such paper and the organization's interest therein, and state its present location. List all accounts and loans receivable in excess of \$500 and specify if due from an officer, stockholder, or director.

19. Has this organization engaged in any Joint Loan Agreements, including Letters of Credits, with any other organization(s)? Describe all such agreements.

20. Does this organization have any debt insured by another organization? Describe such arrangements.

21. List all equity participation in other organizations both domestic and foreign in which this organization has an interest, including the type, amount and terms of such interest.

22. List all debt participation in other organizations both domestic and foreign in which this organization has an interest, including the type, amount and terms of such interest.

23. Is this organization presently:

(A) Active
(Answer No for inactive,
but still in existence)

Yes () No ()

500097

(B) Void and/or Terminated
by State authority Yes () No ()

(C) Otherwise dissolved Yes () No ()

1) Date _____

2) by whom _____

3) Reason _____

24. (A) List corporate salaries to and/or drawings of the following personnel for the last five taxable years:

Position (Including Officers)	Specify Year
	() () () () ()
President _____	_____
Chairman/Board _____	_____
Secretary _____	_____
Treasurer _____	_____

- (B) list five most highly compensated employees or officers other than above, describe position and set forth annual salary and/or bonus for last five taxable years:

Name	Position	Specify Year
		() () () () ()
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

- (C) Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, persons, profit sharing, royalties, or other deferred compensation rights of said persons.

500098

25. List organizations commercial activity (fields of activity resulting in income) and SIC Code.

	<u>Commercial Activity</u>	<u>SIC Code</u>
Primary	_____	_____
Other 1	_____	_____
2	_____	_____
3	_____	_____

26. List all other supplementary fields of activity in which this organization is engaged, either directly, through subsidiaries, or affiliates, stating the name(s) and state(s) of incorporation of such subsidiaries or affiliates.

27. Has this organization at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the Federal Bankruptcy Act, As Amended? If so, supply the following information as to each such proceeding:

(A) Date (Commencement) _____

(B) Date (Termination) _____

(C) Discharge or other disposition, if any, and operative effect thereof: _____

(D) State Court _____ Federal Court _____
 County District

(E) Docket No. _____

28. (A) List all Real Estate, and Personal Property of an estimated value in excess of \$500.00 owned or under contract to be purchased by this organization and where located:

500099

- (B) List and describe all judgments, recorded and unrecorded:

1) Against the organization

2) In favor of the organization

- (C) List and describe all other encumbrances against Real Estate owned by the organization: (include but not limited to mortgages, recorded or unrecorded):

- (D) List and describe all other encumbrances (including but not limited to Security Interest, whether preferred or not) against any such personal property owned by the organization as is listed in 27 (A) above.

- (E) List and describe location of Real Estate, including Real Estate being purchased under contract, with name and address of Seller and contract price:

29. List all Life Insurance, now in force on any or all Officers, Directors, and/or "key" employees, setting forth face amounts, names of life insurance companies and policy numbers where this organization has an "insurable interest" and/or is paying the premium or part of same. Where applicable, indicate under which policy(s) this organization is a Beneficiary, type policy(s), yearly premium and location of policy(s). In addition, describe the conditions of and borrowing options available under each policy.

500100

30. For the following types of policies, list all primary and excess insurance policies, the deductible amount, the per occurrence and aggregate coverage limit for each policy. List all policies held by the firm (or predecessor firms) starting from the date which the pollution incidents began.

A. Comprehensive General Liability

B. Environmental Impairment Liability

C. Other policies for which coverage might apply including participation in risk retention pools.

Other

31. List all transfers of any or all assets (Real) and/or (Personal) and each (over \$399.99) made by this organization, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, during the last three (3) calendar years and state to whom transfer was made. Describe compensation paid by recipient and to whom.

<u>Date</u>	<u>Amount</u>	<u>Property Transferred</u>	<u>To Whom</u>	<u>Conditions of Transfer</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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32. Is this Corporation a party in any law suit now pending?
Yes () (Give details below) No ().

33. Please list names and addresses of any persons or other business entity, holding funds in escrow or in trust for this organization, or any of its subsidiaries or affiliates.

34. Other Information Requested:

35. Additional Remarks:

36. Verification and Affidavit

With knowledge of the penalties for false statements provided by 18 U.S. Code 1001 (\$10,000 fine and/or 5 years imprisonment) and with knowledge that this financial statement is submitted by me as a responsible officer of this organization to affect action by the United States Environmental Protection Agency, I hereby certify that I believe I completely understand the above statement, and that the same is a true and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise.

Date _____

Affiant (Officer)

(List Corporate Position)

Age (Next Birthday)

NOTARY PUBLIC

500102

[illegible]

* U.S.G.P.O. 1987-176-200

DOMESTIC RETURN RECEIPT

P 282 601 423

U.S.G.P.O. 1985-480-794	100-111111 Edmund Zokrock, Jr. 6000 Tulip Street Philadelphia, PA 19135 215-333-1234
•	100-111111 James Lee Jessica Denver, Eng Restricted by law 100-111111 100-111111 100-111111

May. June 1985

500103

US ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 CHESTNUT BUILDING
PHILADELPHIA PENNSYLVANIA 19107

SITE: E2 Chemical

TYPE OF DOCUMENT SERVED: Follow-up NYC dated Nov 22, 1989

NAME OF PERSON OR AGENT SERVED: MR. Leonard Goldfine.

LOCATION OF SERVICE: 50 Laurel Street, Phila Pa.

TYPE OF SERVICE: _____

Personal service X

Indirect service _____

DATE OF SERVICE 11/28/89 12:00P

SIGNATURE OF EPA REGION III AGENT WHO SERVED NOTICE:

CT/ Ransome H. Rubenstein

500104